

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

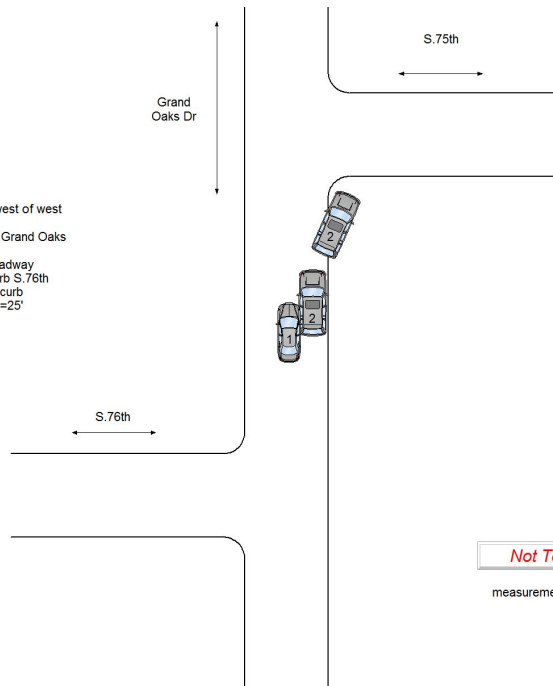
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085062



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of vehicle reports a neighbor heard a loud crashing noise and went out to find her car damaged. It appears as though unknown party, driving vehicle #1, struck the driver side of vehicle #2, pushing it up onto the curb and in doing so broke several undercarriage items. Vehicle #1 left white paint transfer but no debris behind. Damage is approx. 1'5" to 3'5".

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	Grand Oaks Dr				6		9		VEH 1 1 VEH 2 0		
2				X	Grand Oaks Dr								ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian		
1	01				06 Turning left				1		2		Y Y Y		
2	10				08 Entering traffic lane				2		3		N X N X N		
								POINT OF IMPACT		POINT OF IMPACT		ALCOHOL LEVEL TESTED		BAC LEVEL	
								MOST DAMAGED AREA		MOST DAMAGED AREA		ALCOHOL/DRUGS SUSPECTED		Driver No. 1 Driver No. 2	
								02		07		5		1	
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